

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/04/2014
FORM APPROVED
OMB NO. 0938-0391

45th 01/17/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445288	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/01/2014
NAME OF PROVIDER OR SUPPLIER HUNTSVILLE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 287 BAKER STREET HUNTSVILLE, TN 37756	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on documentation and interview, it was determined that the facility failed to maintain the automatic sprinkler system in reliable operating condition.</p> <p>The findings include:</p> <p>Documentation and interview with the maintenance director on December 3rd, 2014 at 10:45 a.m. revealed the 5 year sprinkler obstruction test has not been conducted since February 2009. (NFPA 25, 1998 Edition 10-2.2)</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on December 3rd, 2014.</p>	K 062	<p>K062 NFPA 101 Life Safety Code Standard</p> <p>Corrective action(s) accomplished for those residents found to have been affected by the deficient practice:</p> <ol style="list-style-type: none"> 5 year sprinkler obstruction test has been completed. <p>Completion date: 12/11/14</p> <p>Identify other residents having the potential to be affected by the same deficient practice and what corrective action taken:</p> <ol style="list-style-type: none"> There is only 1 facility at this location. <p>Completion date: 12/18/14</p> <p>Measures/systematic changes put in place to ensure that the deficient practice does not recur;</p> <ol style="list-style-type: none"> 5 year obstruction test has been added to the "Maintenance Inspection/Testing/Drill Tracking Log". <p>In-service completed by the Administrator of the Maintenance Inspection Testing Drill Tracking Log with the Maintenance Director.</p> <p>Completion date: 12/23/14</p> <p>Monitoring of corrective action to ensure the deficient practice will not recur;</p> <ol style="list-style-type: none"> Administrator will monitor the Maintenance Inspection Testing Drill Tracking Log monthly and ongoing. <p>Failure to maintain Maintenance Inspection Testing Drill Tracking Log will result in disciplinary action in accordance with facility policy and procedures.</p>	
K 069 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and phone interview it was determined that the facility failed to maintain the kitchen hood suppression system</p>	K 069		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Calla Butcher

Administrator

12/23/14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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FORM CMS-2567(02-99) Previous Versions Obsolete

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NAME OF PROVIDER OR SUPPLIER HUNTSVILLE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 287 BAKER STREET HUNTSVILLE, TN 37756		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 076	<p>Continued From page 2 combustibles.</p> <p>The findings include:</p> <p>Observation and interview with the maintenance director on December 2nd, 2014 at 2:05 p.m. revealed oxygen storage in the central supply room on the service hall does not have 5 feet of clearance from combustibles. (NFPA 99, 1999 Edition 4-3.1.1.2)</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on December 3rd, 2014.</p>	K 076	<p>Monitoring of corrective action to ensure the deficient practice will not recur;</p> <p>4. Administrator will monitor the Kitchen Inspection Checklist with Maintenance Director monthly. (ongoing)</p> <p>Failure to maintain Kitchen Inspection Checklist will result in disciplinary action in accordance with facility policy and procedures.</p> <p>Report of overall findings and subsequent disciplinary action, if applicable, will be reported to the facility Quality Assurance (QA) Committee (consisting of DON, Medical Director, ADON, NHA, Risk Manager, MDSC, Pharmacy Consultant, Registered Dietician, Wound Care Nurse, SSD) to review the need for continued intervention or amendment of plan.</p> <p>5. Completion date:</p> <p>K076 NFPA 101 Life Safety Code Standard</p> <p>Corrective action(s) accomplished for those residents found to have been affected by the deficient practice:</p> <p>1. Oxygen storage maintains a 5' clearance of combustibles.</p> <p>Completion date: 12/4/14</p> <p>Identify other residents having the potential to be affected by the same deficient practice and what corrective action taken:</p> <p>2. A new storage room located on 300 hall meets storage regulations of oxygen storage.</p> <p>Completion date:</p>	12/26/14	12/26/14

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/01/2014
NAME OF PROVIDER OR SUPPLIER HUNTSVILLE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 287 BAKER STREET HUNTSVILLE, TN 37756		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 002	1200-8-6 No Deficiencies During the Life Safety portion of the annual licensure survey conducted on December 2nd, 2014, no deficiencies were cited under 1200-08-06, Standards for Nursing Homes.	N 002	<p>Measures/systematic changes put in place to ensure that the deficient practice does not recur;</p> <p>3. Risk Manager completed an in-service on "Oxygen Storage Policy" with Central Supply, Maintenance, & Nursing Staff.</p> <p>Completion date:</p> <p>Monitoring of corrective action to ensure the deficient practice will not recur;</p> <p>4. Director of Nursing and Risk Manager will monitor daily for the next 2 weeks to ensure that policy is adhered to. (ongoing)</p> <p>Failure to adhere to policy will result in disciplinary action in accordance with facility policy and procedures.</p> <p>Report of overall findings and subsequent disciplinary action, if applicable, will be reported to the facility Quality Assurance (QA) Committee (consisting of DON, Medical Director, ADON, NHA, Risk Manager, MDSC, Pharmacy Consultant, Registered Dietician, Wound Care Nurse, SSD) to review the need for continued intervention or amendment of plan.</p> <p>5. Completion date:</p>	12/26/14

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

8899

92JB21

If continuation sheet 1 of 1

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